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CASE OF SYPHILITIC DISEASE OF THE BRAIN, LIVER AND KIDNEYS.

Read before the Suffolk District Medical Society by J. B. TREADWELL, M.D.

H. K., AGED 49 years 6 months; musician. Native of Germany. Came to this country sixteen years since; lived in Boston and vicinity three years, then removed to the West, where he remained four months, after which he returned to Boston, where he has since resided. He was married twenty-three years ago.

Twenty-six years since, three years previous to his marriage, he contracted syphilis, and subsequently suffered from various secondary manifestations of that disease—eruptions and sore throat—and during the early part of the present year from a large painful swelling upon the top of the head. He was under treatment for these various troubles in several hospitals abroad, and also in the Mass. General Hospital during the early part of the present year.

Two years since, he had an attack of eczema situated about the thighs and pelvis, and accompanied by severe balanitis. While at the West, thirteen years ago, he contracted intermittent fever of the tertian type, from which he has suffered at intervals ever since. He had a severe attack of this disease in April, 1868. In May he suffered from dyspepsia of a severe form, and in June he was attacked with diarrhœa, which lasted three or four months. In September he began to complain of cough, accompanied with dyspnœa and insomnia, and has suffered from these symptoms off and on ever since. Some time in November he began to have pain in the head, which continued without intermission until the time of his death, except when relieved by treatment. He had also paralysis of some of the muscles of the larynx during the early part of the present year.

During the last month he has been in a tolerably fair state of health. On Sunday evening, April 17th, he ate his supper as usual at 6½ o'clock, but soon complained of chilliness, together with severe pain in the thorax. He became livid and had marked dyspnœa, and died before 8 o'clock the same evening.

His wife has always enjoyed pretty good health, suffering at times from slight bronchitis, pharyngitis and dyspepsia, but has presented no syphilitic symptoms. She has had three children. The first, born three years after marriage, died at the age of 7 years of scarlet fever. The next is now living, 18 years old. She next had an abortion at three months without known cause about eighteen months after the birth of the second child. The third living child is now 16 years old.

These children have never been healthy, having had cutaneous eruptions when small, the character of which it is impossible accurately to determine. They are both thin and unhealthy looking at the present time.

Sectio cadaveris, nineteen hours after death. Body well nourished—weight by estimate 170 pounds—very slight rigor mortis—surface slightly jaundiced—integuments of shoulders and nates discolored—face livid and congested—frothy blood issuing from mouth.

Head.—Blood flowed quite freely from incision in scalp, no trace of any external tumor having existed upon the head. Dura mater strongly adherent to calvarium over an irregularly shaped surface 1½ × 2 inches, along the middle third of the junction of the parietal bones, leaving a rough, torn looking surface when forced off. The bone over this space was not abnormally thickened. The portion of dura mater corresponding to this surface was thickened to an extent varying from two to five lines, being thickest at the central portion, and shading off to two lines at the border, which was distinctly defined and irregularly ovoid in form. This mass was very dense and firm, and at several points upon its cerebral surface, as well as within its substance, contained spiculæ and nodules of bone of considerable size. Beneath this thickened portion of dura mater at the right side of the falx, there was a deposit of apparently

recently formed lymph, covering a space of ¾ × 1½ inches. Beneath this deposit of lymph, the pia mater was also very much thickened and very dense and firm.

The superficial vessels were very much engorged with dark fluid blood.

The cerebral substance beneath and for a short distance around the diseased portion of dura mater, was decidedly softened to the depth of an inch or more; otherwise the brain was apparently healthy.

Thorax.—Heart rather smaller than usual, with thin walls, but apparently healthy—all the large vessels filled with dark-colored fluid blood. Aorta healthy. Lungs crepitant throughout, but completely engorged with thin, dark-colored blood—right, adherent to diaphragm over half of its diaphragmatic surface—one small pleuritic adhesion posteriorly of lower lobe of left. As I had at the time of the autopsy no history of the case, and was very much pressed for time, the larynx was not examined, which I very much regret.

Abdomen.—Liver rather larger than normal, and left lateral portion abnormally lobulated. The liver and diaphragm were adherent over two-thirds of their contiguous surfaces. Upon the anterior surface of the liver were several depressed cicatricial spots 4 or 5 lines in diameter, and extending into the hepatic substance from 4 to 6 lines, the cicatricial tissue being of a dirty-grey color, and quite firm. In the superior and posterior portions of this organ were found four or five masses of abnormal growth, from one half to one and a half inches in diameter, firm in texture and of an opaque white color, irregularly spherical in form, with distinct outlines, and invested by a layer or capsule of connective tissue.

The hepatic substance was quite firm. The acini were remarkably distinct, giving the appearance of an abnormal increase of connective tissue throughout the organ.

The spleen was enlarged, measuring 9 inches in length, 6 in breadth, 3½ in thickness in the thickest portion, and weighing 3 pounds. The substance was of normal consistence.

The kidneys were of normal size, perhaps slightly enlarged, and the loose areolar tissue surrounding them, known as the *adipose capsule*, was very much hypertrophied and strongly adherent to the *capsula propria*, which in turn was firmly adherent to the cortical substance, leaving a rough granular surface when pulled off, and in many places tearing away portions of the renal structure. Upon section, the whole substance of the kidney was seen to be deeply congested, but the medullary portion much more so than the cortical—the former being of a very dark color, and the conical masses very much atrophied and their outlines indistinct.

The other abdominal organs were healthy.

The abnormal growths found in the liver consist microscopically of small circular and oval cells, varying in size, with nuclei, and in some instances, nucleoli; together with some fibrous tissue and fusiform cells. These growths consist essentially of connective tissue.

In both the liver and the kidneys the general augmentation of connective tissue was very marked, the increase of that structure investing the kidneys being carried to a remarkable extent.

The following are among the best authorities upon the pathology of these syphilitic deposits in the liver:—

"Virchow describes a '*peri-hepatic*' lesion and a *simple gummy interstitial hepatitis*. The former never occurs alone, but is generally associated with the latter," as in the present case. "The hepatic substance atrophies, and the deposit contracting is eventually absorbed, causing a cicatrix like mark." —(Aitken's Pract. of Med.)

Wedl, in speaking of these "cicatriform contractions," says, "these parts are occasionally found in a state of involution, containing an abundance of minute fat globules and pigment molecules, and, when torn asunder, also presenting shrivelled nuclei." * * *

"The callous streaks, penetrating the substance of the liver, of a lightish-grey color, consist of wavy fibrils occasionally crossing each other, which, when treated with acetic acid, exhibit elongated imbedded nuclei placed at regular distances apart. Besides this, groups of pigment molecules are very frequently seen, no longer contained in a cell, whilst in many other situations they are still microscopically enclosed in a tunic."

Of abnormal growths in the liver similar to those in the present case, the same author says:—

"The softer portions of the new-formation contained principally cells, of the most diverse forms, furnished with one or two nuclei, of an oval form, with nucleoli." * * * "The fusiform cells, of the most various widths, are occasionally arranged in obliquely ascending parallel rows. The more consistent portions are constituted chiefly of fibrous bundles. The rest of the hepatic substance exhibits no striking anomalous condition."

"The most remarkable distinction between the granular liver, and that affected as above in cases of syphilis, consists mainly in the circumstance that in the former the new-formation appears in a diffuse, and, in the latter, in a more concrete form; that is to say, is more limited to isolated portions of the hepatic parenchyma. The process followed in the development of the new-formation is, of course, the same in both. But whether syphilis alone can produce this concrete form may, perhaps, admit of considerable doubt."

Mr. Barton, of Dublin, one of the latest authorities on syphilis, treating of specific hepatic disease, writes as follows:—"Syphilitic lymph is found deposited in the liver in two ways. 1st, *diffused*, that is, shed upon the surface and through the areolar tissue, forming the capsule of Glisson. This is the *interstitial syphilitic hepatitis*, or *syphilitic cirrhosis*, of different authors; it is comparatively rare, but no doubt of its syphilitic origin, in many cases, can be entertained. The appearances presented by a liver thus affected are as follows:—The surface is furrowed by depressions or grooves, caused by the contraction of the fibro-plastic material which has been effused; these furrows, extending in different directions, give a puckered look to the surface, which, between the furrows, is forced out into rounded lobules; not unfrequently adhesions exist between the diaphragm and upper surface of the organ. When a section is made, we see the fibrous bands extending from the furrows on the surface into the substance of the organ, enclosing between them islands of healthy gland tissue, thus giving a lobulated appearance to the liver. This form of syphilitic disease of the liver has many features in common with alcoholic cirrhosis, from which it differs, however, in appearance, very much; for in cirrhosis from whiskey the whole gland is small, hard, and contracted, the surface presenting the characteristic hob-nailed appearance, being formed of numerous small prominences of equal size, the contracting lymph being apparently shed equally through the capsule of the organ. In syphilitic cirrhosis there is irregular contraction, and consequently large lobules projecting between deep furrows." * * *

"In the second form the deposit appears as a circumscribed tumor, or fibrous mass, and has been called *gummy tumor of the liver*, or *circumscribed syphiloma*, and *encysted knotted tumor of the liver*. The term gummy is objectionable, for it is the name given to the softer deposit laid down in the later period; whereas this circumscribed tumor of the liver is usually hard and fibrous, very rarely showing any tendency to soften in the centre, and is found to exist long before the latest stage is reached. The circumscribed appears frequently to be a more advanced stage of the diffused form of deposit, which, as time advances, becomes contracted into more distinct masses than would be found if examined earlier. The circumscribed is much more frequently met with than the diffused, which, supposing it to be the advanced condition of the later, would be the case, for death in these cases does not usually take place for many years after the disease in the liver has existed." * * * The appearances noticed in the present case would seem to support this view, both of the above-mentioned forms of disease being present, and the *concrete* being apparently of much more recent date than the *diffuse*.

Mr. Barton continues:—"Dr. Wilks seems to me fully warranted in the remark which he makes in connection with these cases, that these fibroid deposits do not belong to the latest stage of syphilis, when the patient has passed into a state of cachexia." * * * These tumors rarely, if ever, soften and suppurate; although a case in which pus is said to have been found in the centre of a voluminous tumor of the kind, is reported by Dittrich. They appear to be not unfrequently absorbed, leaving behind them depressed cicatrices; and they have been found frequently undergoing a fatty degeneration. * * * In regard to the morbid changes occurring in the kidneys in this class of cases, the same author says—"Albuminuria has very frequently been observed in the syphilitic, but how far this was produced by syphilitic disease of the kidney, or by the occurrence of ordinary Bright's disease, was in most cases very doubtful. There can be no doubt, however, that the kidneys are occasionally the seat of syphilitic inflammation and deposit, besides frequently presenting the lardaceous degeneration, which may be considered rather as one of the sequelæ. Two forms, the *diffuse*, or interstitial, and the *circumscribed*, are met with. In the former, syphilitic lymph is shed through the gland and over its surface, so as to produce a cirrhosis, resembling that produced by whiskey." * * *

The cortical and tubular portions of the kidneys are alike pressed upon by the effused lymph, and both the corpuscles and pyramids of Malpighi become atrophied. This disease must be admitted as a syphili-

tic form of Bright's disease, which it is important to distinguish, especially from the cirrhosis produced by alcohol, which it resembles; in the latter, the atrophy is more general than in the former, the syphilitic disease producing also depressions and cicatrices on the surface of the kidney." * * * Virchow, in his monograph on constitutional syphilis, gives several cases similar to the above, in which syphilitic disease of the liver was observed with Bright's disease of the kidneys and diarrhœa, although his cases, unlike the one above reported, presented pathological intestinal appearances. How much the alcohol which this man had consumed freely for many years had to do in promoting these pathological changes may be a question, but that the nature of the changes was essentially syphilitic and not alcoholic, is sufficiently clear from the special character of the morbid products. One of the most constant appearances found inside the cranium, says Mr. Barton, is thickening and adhesion of the dura mater to the base sometimes, and more frequently to the surface of the brain, the two surfaces of the arachnoid being firmly glued together at the part affected.* * * "The dura mater and arachnoid are always more or less affected, although deposits unconnected with them are sometimes found in the substance of the cerebrum, cerebellum, or medulla oblongata; yet the preference shown by the diseased action for the membranes is remarkable. They illustrate, also, the fact that disease of the bone may accompany, and probably precede and cause, the disease in the contents of the skull; but that this connection is by no means necessary, or even at all usual, is amply proved. It is important particularly to note the character of the exudation found gluing the membranes together, or deposited as separate masses in the brain substance. It is always described as firm, solid, hard, or elastic, generally of yellowish-white or greenish color—sometimes soft in the centre, sometimes hard throughout; but seldom or ever do we meet with any mention of general softening, or anything like sloughing or suppuration; in fact, as a general rule, it differs in no respect from the hard, contractile syphilitic lymph characteristic of the first division of the tertiary stage."

Again, in treating of the late manifestations of the tertiary stage, he says:—"Syphilitic disease of the bones sometimes extends to the contents of the cranium, and produces inflammation of the dura mater and syphilitic deposit between it and the brain, and thus gives rise to the symptoms already described as arising from disease originally commencing in the brain or its membranes." * * *

Virchow says that softening of the cerebral substance in the immediate vicinity of these deposits is not unfrequent.

Whether or not in this case the disease in the dura mater was the result of an inflammatory process, commencing in the investing membranes of the bone at that joint, and perhaps having initial manifestation in the external tumor which was developed some months previous to death, it is, perhaps, impossible to state definitely. The microscopical appearances of the morbid mass in the dura mater were identical with those of the growths found in the liver.

SOME ACCOUNT OF JOHN GILLEY, WHO DIED IN AUGUSTA, ME., AT THE AGE OF 124 YEARS.

By R. D.

If you think that your readers would like to know something about this very old man, you can give the following notice of him a place in your JOURNAL.

The late Prof. R. D. Mussey visited him when he was 118 years old, and some years before his own death gave me some facts in regard to him, of which I made a note at the time, and which were essentially as follows:

He was an Irishman by birth, and had lived for many years in Augusta. His figure was small and erect; and he could not have weighed over 100 lbs. Intellect quite *mediocre*. His diet consisted of animal and vegetable food, in about the usual proportion; and he still retained seven of his teeth. His habits were and had been generally temperate in the use of liquor, and he did not habitually indulge in tobacco. Once he fractured his leg, but he had never been confined by a fit of sickness. It was upon a cold day in winter when Prof. M. called to see him, and he found him in his barn, taking care of his cattle. He had already cut all of his wood for the winter. When he was between 70 and 80 years of age he was married for the first time, and he took for his wife an Irish girl only 18 years old. By her he had eight children, all of whom had left him, though his wife was still living, and at the age of 60 years. Prof. M. had been informed that after the death of the old man she had said that his virility left him, and suddenly, when he was 120 years old.

In the Transactions of the American Academy for 1833, the late Dr. J. E. Worcester published an article on longevity, and in it is a short notice of Gilley and of many other very old persons. It is there stated that he was born in Ireland in 1690, came to this country about 1750, lived on the Kennebec river nearly fifty years, and died July 9, 1813.

His weight was generally 112 to 116 lbs.; and when in his best condition, 124. An illiterate man, but of cheerful disposition; accustomed to hard labor and coarse fare; and retained considerable strength and activity until a short time before his death. Habits not remarkably temperate, nor yet intemperate.

EXHAUSTIVE UTERINE HÆMORRHAGE.

By J. W. Trader, M.D., Sedalia, Mo.

I was called to a case of exhaustive uterine hæmorrhage of twenty days duration.

The woman was about 25 years old, of a thin, bilious temperament—married, and has borne children, and with the exception of a miscarriage four or five years ago, has never been irregular. The present hæmorrhage came on after a laborious day's cleaning, hanging window curtains, &c. I prescribed the usual constitutional remedies—first, gallic acid and opii, but finding little benefit therefrom, I made a digital examination, and found *procidentia uteri*, with the os dilated and patulous. I now used the cotton packing, cold water and laudanum injections into the rectum and cold cloths applied to the vulva, with plumbi acetas and opii internally.

After three days the uterus was in its normal position, but the os was still dilated and bleeding. Believing, with Dr. Sims, that "where there is an inveterate menorrhagia, there will always be some abnormal cause for it," I made an examination with the speculum, and found extensive granular erosion of the os and cervix, with blood flowing in a small continuous stream. After wiping away the clots with moist cotton, fastened on the end of a small pine stick, I could see the blood issue from the granulated surface like the sweat from the pores of the skin, and, as fast as it was wiped away, it collected and flowed again. By dipping the cotton into warm water and freely bathing the os uteri, the hæmorrhage seemed to increase. Acting upon the hypothesis that, "if the nose bleeds, we try to stop it by the most direct methods in our power; if the hæmorrhoidal vessels bleed persistently, we attack them with the *écraseur*, ligatures, nitric acid, persulphate or perchloride of iron," I could see no reason why I should not stop this abnormal flow by some direct application. So I took the caustic and gently touched the eroded surface, and then, after dipping a female catheter into some warm water and thrusting it down into a bottle of Mousel's salts of persulphate of iron, completely covered the os, and passing the catheter some half inch into cervix uteri lined that cavity with the styptic. The hæmorrhage ceased immediately. After waiting a few seconds I again took the cotton, and, wetting it in a bowl of warm water, washed off the redundant salt. Some few spots commenced to bleed again. I repeated the persulphate, washing it off as before, but without any hæmorrhage following. I now took a small piece of dry cotton, and after tying a string around it saturated it with glycerine and placed it immediately over the os, retaining it *in situ* until the speculum was removed. As my patient had by this time become quite feeble from loss of blood, with a decided icteric appearance, I ordered drachm doses of Tilden's elixir of bark and iron every four hours, with nutritious diet, and instructed her to remove the cotton, by gentle tension on the string, purposely left hanging from the vagina, in about six hours.

After a comparatively comfortable night's rest I found her considerably revived and hopeful, but with a slight hæmorrhage still. I again introduced the speculum and found the cervix completely plugged up with a tenacious bloody mucus. This I removed, and sponged the vagina and os uteri with warm water as before, noticing but a slight oozing of blood. The persulphate was again applied, and likewise, after a moment's delay, was washed off without any appearance of hæmorrhage following. The speculum was removed and no further applications made.

The woman made a rapid recovery, and thanked me with substantial and feeling gratitude for staying the "terrible bleeding."

UTERINE DISPLACEMENT.

By Henry Reynolds, M.D., Auburn, Me.

Mrs. B. R. B., of Auburn, Me., aged 34 years, has been married nine years. Eleven years since, after a long walk, was seized with pain in the back and bowels, accompanied with great discomfort in walking. This lasted but a day or two, but recurred, at times, afterwards, and she also began to

experience pain at menstrual periods. Since then dysmenorrhœa has continued, health has been delicate, and she is much emaciated. During a year past has had palpitation of the heart and dyspnœa on slight exertion. The palpitation annoys her much on lying down at night, and keeps her awake. Is troubled with trembling, most marked in her hands. She experiences difficulty in rising from a sitting posture and in ascending stairs.

In the spring of 1868, first noticed an enlargement of the thyroid gland. Her attention was first directed to it by her dressmaker. The gland continued to enlarge through the summer and autumn, and in November it presented an enlargement quite noticeable at a distance. Apparently it was three-quarters of an inch in thickness, lying over the trachea and extending an inch and a half to each side. There is unnatural prominence of the eyes and inordinate action of the heart.

In July, of 1868, she noticed a small tumor of the size of a coffee bean, near the insertion of the pectoralis major muscle upon the fourth rib to the left of the left nipple. Her medical adviser, to whom she showed it, expressed some fears lest it might prove to be of a cancerous nature.

In November, she consulted me, and since she had symptoms of uterine displacement, I thought it probable that the uterine disease might stand in a causative relation to the enlargement of the thyroid gland, and of the lymphatic gland which had been suspected of having a "malignant" tendency.

Upon examination, the uterus was found prolapsed and enlarged, pressing upon the rectum. Inserted one of Hodge's closed double lever pessaries. She wore the pessary without trouble and derived much comfort from it.

March 14th, 1869. Patient much better of the palpitation of heart and shortness of breath. Palpitation does not keep her awake at night, and only troubles her on unusual exertion. General health much better. The bronchocele and enlarged lymphatic gland of the breast have diminished in size.

April 23d. She has gained in flesh and strength. Can now walk three miles with greater ease than she could walk forty rods before treatment. All her symptoms are improving. The bronchocele has nearly disappeared, and the unnatural prominence of the eyes is not noticeable.

June 1st. Patient continues to wear the pessary. The bronchocele is not perceptible. Her health has very much improved during the treatment. There is yet some enlargement of the uterus, which will necessitate the use of the pessary for some time yet to perfect the cure.

This case has seemed to me of peculiar interest, on account of the bronchocele, unnatural prominence of the eyes, and disturbance of the heart's action, apparently due to uterine irritation, and the significant disappearance of these serious affections in other parts of the system, under treatment addressed to the uterine disease.

CASE OF REMARKABLE RECOVERY FROM A SEVERE INJURY OF THE HEAD.

By H. F. Wardwell, M.D., Gorham, N. H.

Noticing in a former number of your Journal an account of an "Extraordinary Recovery" from injury to the head, leads me to communicate a few facts in relation to a very similar case.

I was summoned by telegraph March 1st, 1869, to Berlin, N. H., to attend Chester Bean, who had been injured by going under a large circular saw in Wheeler's steam mill, in the above named town. The call came at about 7, P.M.; the patient was ten miles away, and the roads were very bad. I arrived late in the evening; found the patient perfectly conscious, lively and comfortable, and, before removing the dressing which had been applied, concluded the family had been frightened at a simple scalp wound. The symptoms all being favorable, I very deliberately warmed myself, took some supper, and then proceeded to examine the wound. I found, to my astonishment, that it extended from the supra-orbital ridge of the left side nearly back to the occipital bone, terminating in the right parietal bone about an inch from the sagittal suture. The wound measured eight inches, though the head was a small one, and the outer plate of the skull was sawn through the whole length. A strip of the skull was removed, at least, five inches, beginning just above the superciliary ridge, and extending back into the parietal bone. There was but little hæmorrhage, though the pulsation of the arteries inside of the head could be plainly seen. How far the brain was wounded I am unable to say, as the wound was dressed at night, under unfavorable circumstances, and any pressure into the opening caused great distress. I am sure, however, that I introduced my fore finger into the wound at the upper part of the frontal bone, about two inches.

Taking into consideration the convexity of the skull and also of the saw, it would seem that the brain was cut nearly through; but then the head came in contact with the saw in such a manner that the tendency was to draw the parts from the brain rather than to press upon it, and it seems likely that it rotated somewhat, as it is hardly probable that the saw penetrated to the depth indicated by the external wound. I had little or no faith in the recovery of the patient, and was not as particular to ascertain the facts in the case as I otherwise should have been. The bones of the cranium were not loosened, though the saw scarf (to use a mill term) was about three quarters of an inch wide. The depression over the frontal bone is still plainly felt.

The wound was carefully washed out, the head shaved and the scalp brought together with adhesive plaster. Though the soft parts were badly mangled, there was but little loss of material. Cold water dressing was applied, and the wound healed rapidly. The patient slept well every night, had a good appetite, and suffered very little pain. In fact, I have never, in sixteen years' practice, seen so little general disturbance caused by so severe a wound in any other part of the system. The patient was removed to his home, about five miles, in two weeks after his injury, in four weeks the wound was healed, and he is now well. At my first visit he laughingly said that he was "afraid he had spoiled his beauty," but there is very little deformity.

If any one doubts the above facts, I will satisfy him if he will come to Gorham.

May 10, 1869.

NIEMEYER ON THE RELATION OF HÆMOPTYSIS TO PHTHISIS.

Translated by HENRY TUCK, M.D., Boston.

F. NIEMEYER, in a recent article in the *Berlin Klin. Wochenschr.* (Nos. 17 and 18, 1869), entitled "Some Remarks upon the Relation existing between Hæmoptysis and Phthisis," makes the following statements, as embodying the result of his study and experience.

1. Most, though not all, patients, who suffer from capillary, bronchial or parenchymatous hæmorrhage of the lungs, are either already phthisical or become so later.

2. Capillary, bronchial or parenchymatous hæmorrhages are not unfrequently followed by phthisis, where no direct connection exists between the hæmorrhage and the pneumonic processes, which, as a rule, are the origin of phthisis. Patients who are predisposed to such hæmorrhages, are also predisposed to these inflammatory processes.

3. Capillary, bronchial and parenchymatous hæmorrhages are not unfrequently, in patients in whose lungs neither tubercles nor the remains of an old pneumonia are present, the origin of phthisis, and in this way, that the blood poured into the alveoli of the lungs and remaining there, with the products of the inflammation set up by this effused blood, undergoes caseous degeneration.

4. In the same way, bronchial and parenchymatous hæmorrhages often hasten the course of an already existing case of phthisis.

5. In some exceptional cases the hæmoptysis is not the origin but the result of pneumonic changes, which, in their further development, lead to phthisis. Such cases are easily recognized, as violent fever or other inflammatory symptoms usually accompany or precede such attacks of hæmoptysis.

6. The blood remaining effused in the alveoli of the lungs and the products of an old pneumonia, which have undergone caseous degeneration, are often the exciting cause of the development of miliary tubercle.

PERFORATING GASTRIC ULCER.

By SAM'L P. FRENCH, M.D., Warwick, Mass.

THE subject of this sketch was a resident of Warwick, 61 years old, married, a farmer, tall and slim, with light hair and blue eyes.

He has complained of his stomach the past fifteen years, and has not been able to do any manual labor for more than a year. From the first of last December, when I first saw him, till the first of May, when he died, he had been confined to his house, and most of the time to his bed. He was extremely emaciated, cachectic and anæmic, his countenance indicating great suffering. He referred all his suffering to a small spot above and to the right of the umbilicus. On examination (which was very painful) there was found an extremely tender spot on the lower margin of the liver; for he was so emaciated that most of the abdominal organs could be felt through the parietes.

When he walked he bent his head and shoulders forward and to the right, to relax the muscles on his right side.

He was constantly spitting saliva and mucus. No cough—no pain in the chest after eating or exercise; had a severe and

distressing pain in the above-named spot; in his own words, "a pain that made him sick and faint, and took away his strength." When his stomach was empty he was quite free from pain, and generally rested well nights. Frequent sour eructations; heart-burn; vomiting more or less; relief for a while after vomiting; could not lie on his right side; bowels constipated; no tympanites; pain in his right shoulder. The 12th of March he vomited more than a quart of dark-colored blood, became much exhausted, radial pulse imperceptible, deadly pallor, eyes glassy; appeared to be in "*faucibus mortis*," but by the aid of stimulants he rallied. From this time to his death (seven weeks) all of his symptoms were aggravated, and he lost what little appetite he had before.

He became delirious a few days before death. Breath very fœtid.

The medicines that gave him the most relief were whiskey, morphine, bismuth and chloric ether. His bowels were moved once a week by injections.

Diagnosis:—The symptoms, namely, spitting, pain aggravated by eating and exercise, the frequent vomiting, the profuse hæmorrhage and the long continuance of the disease, indicate plainly the perforating gastric ulcer.

The tender spot in the liver, the pain in the right shoulder, the inability to lie on his right side, indicate inflammation of the liver. But I know of no symptoms by which I could have diagnosticated that this inflammation had terminated in gangrene, as the sequel will show. The perforation probably took place near the time of the hæmorrhage, for so large a quantity of blood must have come from some large arterial branch on the outside, or in the peritoneal coat of the stomach.

Autopsy:—The countenance was more natural than when alive. The first thing that struck my attention on opening the abdomen was the dark appearance of the lower part of the left hepatic lobe, except at the very tip. The edges of the affected part adhered to the pylorus and duodenum. I broke with my finger the adhesions, and raised the lobe. It disclosed a ragged hole about one half inch in diameter at the pyloric extremity of the stomach. That portion of the liver around and over the perforation, was dark brown, gangrenous, rotten and fœtid—a black pulp. This gangrene extended through the lobe. The surrounding tissue of the lobe was inflamed, and contained a little pus.

The gangrene extended to within two lines of the lower margin of the lobe.

Rokitansky (Path. Anat., Vol. ii. p. 110) says: "Gangrene of the liver is very rare, in fact Ferrers and Bérard deny its occurrence, but we have seen it in one well-marked case, associated with pulmonary gangrene. The liver was slightly enlarged, and presented, very distinctly, the nut-meg appearance. The stomach was contracted and contained a small quantity of dark-colored fluid, that, with slight pressure on the stomach, ran out of the perforation. I removed, opened and washed the stomach. At its pyloric extremity, extending into the duodenum, was a large round ulcer, two inches in diameter, of a grayish color, and nodulated, the walls growing thinner from the circumference to the centre, where the perforation was located. At a short distance from the ulcer, on the lesser curvature, were three small, irregular ulcers, the mucous membrane only being destroyed. In the cardiac portion, the mucous membrane had a striated appearance, i. e. parallel striæ, or lines of scarlet and white. He had been, from his youth up, very intemperate. Intemperance is the greatest cause, in my opinion, of ulceration of the stomach. I have had four cases of this species of ulcer, and three of them occurred in habitual spirit-drinkers."

Mr. Brinton says, in his admirable treatise on gastric ulcer (Med. Chirurg. Rev. Vol. 18, p. 137): "Old age, privation, fatigue, mental anxiety and intemperance are such frequent coincidents of its occurrence that we are fully entitled to regard them as its more or less immediate causes in a large proportion (I think we might say a majority) of cases."

A PLEA AGAINST THE INDISCRIMINATE EXHIBITION OF ACID MEDICINES.

By A. P. Stevens, D.D.S., Portsmouth, N.H.

I wish to speak of the internal exhibition of acid medicines, and in particular, of zinc, muriate of iron, and nitric, sulphuric and hydrocyanic (hydrochloric?) acids.

Fully recognizing the value of the different preparations of iron in their power to quicken the languid circulation and impart tone and vigor to the debilitated system, I feel impelled, by a sense of duty, to raise my voice against the indiscriminate manner in which the acid preparations are employed by many physicians, apparently with an utter disregard—it cannot be ignorance—of

their action upon the masticatory organs. Many times during the past few years of my practice I have had incontestable and painful evidence of the ravages caused by the protracted use of various acid medicines and the unprotected preparations of iron upon teeth, which previously gave evidence of strength and unusual powers of resistance, but which now are ruined for beauty and usefulness. In several cases of young patients suffering from chlorosis or a cachectic habit, I have known the above-mentioned medicines to be administered for weeks and months without any caution or corrective being suggested. In each case the medicine has left its burning traces behind, and has given an impress to the naturally delicate organs which has either resulted in wholesale ruin, or in so great an injury as to require the utmost care, both professionally and personally, to atone, even in a measure, for the evil.

I would not have it understood by this article that I belong to that class of dental practitioners who are ever ready to teach their patients that all the ills they have to deal with are brought on by "taking cold," or are directly attributable to the action of drugs and medicine. On the contrary, it is often my privilege to remove such impressions, by pointing out plainly that defective teeth are mainly dependent upon the very conditions requiring the employment of medicine. Let any school or class of practitioners—no matter which—be the means of driving disease from the body, and the dentist's occupation will be well nigh gone. But surely it does not require the research of a Davy to demonstrate the affinity between the acids I have mentioned and the lime of the teeth, nor an extended practice to make one positive that in these acids, when carelessly used, the human teeth have a subtle and deadly enemy.

I do not expect by my protest to induce physicians to discard the list of acids from their materia medica. Nothing of the kind is intended. Neither do I expect to add to the knowledge of any; but I would most respectfully urge the prior claim of pure air and plentiful exercise, together with a careful and persistently followed dietetic regimen, in the treatment of the bloodless languid creatures (usually school girls) who give such unmistakable evidence of the hot-house culture they have been subjected to. If iron be needed, let us employ such protected preparations as can leave no sting after them.

And if, in the treatment of intermittent fevers, pneumonia, whooping cough, phthisis, cancer or scorbutic diseases, nitric, sulphuric or hydrocyanic (?) acid is indicated, let the remedy be exhibited with such care, and with such explicit directions for its immediate *neutralization* in the mouth as not to add to the ravages ill health, ignorance and carelessness are daily making among those beautiful and invaluable organs, the human teeth.

Bibliographical Notices.

Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales (*An Annual Dictionary of Medical Sciences and Institutions*). By P. Garnier, M.D., &c. &c. (Fifth Year, 1868.) One vol., 12 mo., pp. 528. G. Baillière, Paris: January, 1869.

This Dictionary, says one of the oldest French Medical Journals, is now acknowledged as indispensable to every medical library. Its form is excellent, and the alphabetical order of subjects, and their condensation, answer admirably the needs of the busy practitioner, who has little time to devote to long dissertations.

To give an idea of the work, we will cite a few sections—taken almost at random:—

Fibromes.—An interesting discussion on two cases of disappearance of fibrous tumors of uterus reported to the London Obstetrical Society. The theory of the absorption of these tumors was unanimously condemned by the entire society. No process of medication can produce absorption of fibromas. An error in diagnosis can only account for such disappearance. Pelvic cellulitis has often given rise to the mistake, the tumors softening and being discharged into the rectum. A retro-uterine hæmatocele may be mistaken for an interstitial fibrous tumor.

In another instance, a tumor of the anterior wall seemed to disappear when the expulsion of a polypus discovered the error.

Fractures.—Semeiological value of the condition of the nails in fractures. Professor Broca noticed in a case of fracture of tibia that the nails on the foot of the fractured leg did not grow during the process of union, while those of the other foot maintained their proper growth.

In a case of fracture of the left fore-arm, happening October 7th, M. Duplay noted November 19th that the nails of the left hand had ceased to grow since the occurrence of the accident, and were of a black-

ish-yellow color. From various complications, little progress towards union had taken place up to November 19th. Soon a rose-colored crescent appeared at the bases of the nails. The new nails, and the consolidation of the fracture continued to advance favorably till Jan. 10th, when the ulna was completely united. At this time the process of union of the radius was arrested, and remained stationary fifteen days. The nails, also, were arrested in their growth during this period, but when the consolidation re-commenced there was a parallel increment in the nails.

Luxations.—Dr. Thierfelder has had recourse to the subcutaneous injection of morphine, in place of anæsthesia, to overcome muscular resistance in dislocations. He found muscular relaxation was produced very rapidly, and two dislocations of the shoulder, one of the elbow and one of the knee, have been reduced without ill consequences to the patients.

Various other valuable suggestions on the different luxations occur in this article.

Page 253.—In 51 cases of mania, ophthalmoscopic observations gave well-marked symptomatic alterations in 25. In 13 they were doubtful, and in 13 none were discovered.

Often the alterations were symptomatic of co-existing meningitis.

It was found that during maniacal paroxysms there was a spasmodic contraction of the bloodvessels of the disk, followed by well-marked paralysis of the vessels and hyperæmia of the disk. The permanent changes are stasis of the blood and consequent atrophy of the disk.

Position.—Value of position of a limb, as a means of increasing or retarding circulation. In case of the upper extremity, a rotation of the limb outwards, in addition to elevation, is of great advantage.

Dissection of the axilla has shown that by the rotation, the axillary artery is compressed between the heads of the median nerve, &c. &c.

Page 421.—*Santonine.*—Prof. Giovanni concludes that the yellow color which the eye perceives in objects when santonine has been taken, does not depend on any elective action which the article has upon the optic nerve, but upon the yellow color which, when exposed to the air, it takes to itself.

Page 446.—Slaked lime in tetanus.

Urine.—"Upon the relation which exists in the physiological state, between cerebral activity and the composition of the urine."

The conclusion of Dr. Byasson's experiments is, that cerebral activity is accompanied by the more abundant production and the simultaneous appearance in the urine of urea, of the phosphates and sulphates of the alkalies; while muscular activity increases the urea, uric acid and chloride of sodium. These results are so constant and evident, that by a single analysis it is possible to tell, whether there has been muscular or cerebral activity.

In this article, various theories are presented and discussed in an instructive manner by the author.

American contributions to professional science are not overlooked in the Dictionary. Dr. H. J. Pratt's "*thèse remarquable*" on Thein is noticed, and its conclusions given. Dr. Borland's "*rapport interessant*" on pneumonia in the Boston City Hospital is briefly analyzed, and the treatment properly presented. Other instances might be given—but every practitioner should have a copy of the Dictionary within reach, for the valuable assistance to be obtained from it, in reviewing the progress made during the previous year in the various departments of medicine and surgery. * *

Syphilis and Local Contagious Disorders. By Berkeley Hill, M.B. Lond., F.R.C.S., Asst. Surgeon to University College Hospital; Teacher of the Use of Surgical Apparatus in University College, and Surgeon to Out-patients at the Lock Hospital. Philadelphia: Henry C. Lea. 1869. 8vo. Pp. 467.

The book is a systematic description of Venereal Disease, very complete and fully brought up to the times; although, as the author remarks, it has been "kept concise and suitable for the student as well as the practitioner."

To the student, it will commend itself by its clearness of statement, its methodical distribution, its completeness, and (no small virtue) its freedom from multiplied details. The practitioner cannot fail to observe in the descriptions, and the directions for treatment, evidence of the author's practical acquaintance with the subject.

Here and there we meet with a characteristic caution, which declines to receive a theory upon any less than complete evidence.

The literature of venereal is very well represented in quotations from German and French, as well as English authors. Morbid processes are thoroughly and clearly described in their histological aspect, in accordance with modern views, and with a natural leaning towards German authority.

This portion of the work deserves especial attention. We have no doubt that the conspectus of modern advances in syphilography, here presented by Mr. Hill, will be welcomed by very many of our readers.

A very useful feature, for the introduction of which he will have the student's thanks, is a summary of the contents of each chapter, placed at its close.

That the book does not contain everything that ever was written or said or done, is a matter for thankfulness. Admirable as it is, it might have been spoiled by the very easy process of making it twice as long. The whole book is an honor alike to the author, and to the publisher, who has given us so handsome an American reprint of the English edition. D. F. L.

Secondary Degenerations of the Spinal Cord. By Ch. Bouchard. Translated from the French by Edward R. Hun, M.D., Roberts, Utica, N. Y., 1869. Pamphlet. Pp. 104.

After the analysis of many old and new cases, with their respective autopsies, and an interesting résumé of the subject from the year 1700, the author concludes "that a cure is possible even when the columns of the cord seem to have undergone secondary degeneration, and that the nerve tubes of the cord may be regenerated like those of the peripheral nerves, not only in the child but also in the adult, and even when the degenerated fasciculi have already been the seat of a hyper-genesis of nuclear elements." H. H. A. B.

Medical and Surgical Journal.

Boston: Thursday, July 15, 1869.

NOTES FROM THE FOREIGN JOURNALS.

The following case occurred in the clinical ward of Dr. Namias, of Venice. The report of it, which we translate, was made by Dr. Pietro, of that city, in the *Giornale Veneto di Scienze Mediche* for February and March, 1869.

Albuminuria—hypertrophy of the spleen—anasarca. Treatment evacuant. Notable amelioration.—Giacome Crovato, Venetian, 16 years old, gardener, of good constitution, lymphatic temperament; entered the hospital August 11, and was discharged the 6th of October, 1864. The year previous, he was treated in the same ward for œdema of the lower limbs. He had had, for a few days previous to entrance, a fever which began and ended violently with a chill every other day.

At the clinic, the following symptoms were noted. Face pale and swollen; abdomen tumid from ascites; œdema of the legs, which pitted on pressure; urine scanty, neutral, and containing a notable quantity of albumen; pulse frequent; slight cough; respiration oppressed; sibilant ronchi at the lower part of the lungs; digestive functions normal. Dulness of percussion at splenic region, more extensive than usual.

He was treated with drastics and diuretics, and with flying blisters and frictions on the abdomen. After the administration of these remedies, the tumefaction diminished by degrees; the respiration was more free and the urine became less albuminous.

On the 7th of September, the treatment was modified. The patient got a solution of protiodide of iron, and also, pills of squills and cicuta.

On the 13th, the œdema had disappeared. Then, together with the ferruginous solution, he took pills of nux vomica, and subsequently, balsam of copaiva in addition.

On the 22d, there remained slight dyspnœa, which, however, was not constant; and the urine contained a small proportion of albumen. All the other functions were normally performed. From the 23d of September to the 4th of October, nothing worthy of mention occurred. On the 5th, he was discharged at his own request.

The dropsy with which the patient was affected, Dr. Pietro goes on to remark, depended undoubtedly on the altered quality of the albuminous blood, in consequence of which, there was a constant expulsion of a notable quantity of albumen. Hence, the albuminous urine. Since, also, there was an augmented quantity of water in the blood, the serous effusions are easily explained.

But, was the albuminuria idiopathic, or secondary to something else? In other words, did it originate in a peculiar modification of the albumen, which change, ena-

bled that substance to filter freely through the kidneys, or were the kidneys diseased in such a way as to promote its discharge? The reply to this question is always difficult; and since we are ignorant of the real nature of the molecular changes of the albumen (the existence of which changes is not admitted by all); and since the simple passage of the albumen through the kidneys produces in the long run, structural lesions; for these reasons, we remain in great uncertainty. We have, however, in the present case, many considerations leading to the admission of a renal lesion; such as the absence of any constitutional disorder, capable of producing great disturbance of the assimilative functions; the duration of the malady; the marked quantity of albumen constantly in the urine; the scantiness of that fluid; and the succeeding dropsy. But, on the other hand, it is very probable that the renal lesion was not very extensive or profound, as otherwise so great an amelioration would have been with great difficulty obtained. Probably the albuminuria was produced by a chronic catarrh of the tubuli uriniferi, with desquamation of epithelium — a disease not absolutely incurable. In fact, experience has demonstrated, that even confirmed albuminuria is not always fatal, but that in many instances it admits of gradual amelioration or even complete recovery—leaving entirely out of view, the cases of transitory albuminuria, the prognosis in which, is in direct relation with the proximate morbific cause.

As to the bronchitis and the splenic hypertrophy with which the patient was affected, Dr. Pietro thinks those lesions had no connection with the disease of the kidneys, and are to be considered as merely accidentally coincident phenomena.

We translate the following from *L'Union Medicale.*

Surgical clinic of Strasburg. Sprain (*entorse*) of the knee, with Diastasis of the Internal Condyles of the Tibia and Femur—treated by flexion at a right angle.

Two patients presented themselves at a short interval of time from each other at the clinic, who were both victims of a kind of injury which had spent its force on the outside of the knee, causing an outward deviation of the leg—that is, a "valgus" of the knee. But, in the first, there existed a rupture of the internal lateral ligament; in the second, a fracture of the external condyle of the tibia. M. Bœckel calls attention to these two lesions as quite rare, and not hitherto described in connection with clinical facts; and also, to the particular mode of treatment applied to the sprain of the knee. The first case was that of a laboring man, 70 years old, still robust, who was brought to the hospital, Nov. 16, 1868. In lifting a stone, he lost his hold, and let the weight fall on the upper and outer part of the left leg. He was thrown to the ground, and could not get up. On examination, there was found considerable tumefaction of the whole leg, especially at its upper portion, immediately below the knee, where there was an abrasion of the skin produced by the stone. The capsule of the joint was distended by a liquid effusion. The pressure of the fingers on the head of the peroneus was very painful, and wrung screams from the patient, while at the same time, it gave a perception of manifest crepitation, and of slight abnormal mobility. There was evidently rupture of the neck of the peroneus. There was another painful point at the internal tuberosity of the tibia, at the level of the lower insertion of the internal lateral ligament. * * * When the external swelling had disappeared, it was perceived that the left knee projected more inward than did the right; in other terms, the axis of the leg deviated outwards, and formed, with the thigh, an obtuse angle, the apex of which was directed inwards; in one word, there was a *valgus* knee. The patient declared that before the accident, the lower limbs were equally straight. On fixing the thigh, and carrying the left leg toward the axis of the body, the deviation was effaced without difficulty, and without much pain; but it immediately returned on the withdrawal of the hands. It could also be exaggerated by carrying the leg outwards. In this latter movement, the articular "inter-line" between the internal condyles of the tibia and femur was very distinctly felt. There was, then, manifestly, besides the *rupture of the neck of the peroneus, an evulsion of the internal lateral ligament* from its

tibial insertion (inferred from the pain at this point), with *diastasis of the articular surfaces of the same side.* It was the fibrous and muscular tissues on the outside, principally the tensor of the fascia lata, which caused the internal condyles to project and separate. The external lateral ligament and the biceps muscle played, in this case, a less active part, since their inferior insertion had lost a part of its solidity by the rupture of the peroneus. The great lateral mobility of the knee led also to a supposition of a partial rupture of the crucial ligaments.

This lesion of the knee has been studied by Bonnet, on the dead subject. (Vide *Traité des maladies des articulations*, article *entorse.*) He experimented by striking with a strong bar on the external surface of the knee, propped up so as to be out of the perpendicular; and the conclusions he arrived at are as follows: 1. In such injuries in adults of good constitution, the internal lateral ligament is almost always detached from its femoral insertion; in old men, or in other adults of feeble constitution, there is more likely to be fracture of the bone and particularly of the tibia; in children, separation of the epiphyses is the most frequent lesion. For the treatment Bonnet recommends to dress the leg so as to put the parts in their normal situations.

M. Bœckel, in the clinic he gave on this subject, remarked that the difficulty is to keep the leg set, and to overcome the elastic force which constantly tends to reproduce the diastasis. Experience has taught him that by maintaining the limb extended, we do not completely correct the deviation. For example, two years ago, he treated a robust young man, who was hit upon the outside of the knee by a bale of cotton which fell from a second story. The lesions were quite similar to those of the case under consideration, except for the fracture of the peroneus. There was enormous sanguineous effusion—intra and extra articular; inward projection of the knee; lateral mobility. After the absorption of the sanguineous infiltration, he applied a starched bandage reinforced by a strong internal splint after the style of Dupuytren, in order to bring the limb into the axis of the body and efface the diastasis. The patient got well without any complication, and completely recovered the use of his limb; but the knee remained slightly deviated inwards. The reason is easy to understand, remarked M. Bœckel: in extension, all the ligaments of the knee, at least the lateral and crucial, are at the maximum of tension; as they are intended, among other functions, to limit extension. If, then, after they have been torn apart, they be allowed to heal in this position, they will remain elongated, in spite of the best apparatus of restraint, and the knee will retain a certain amount of inward deviation proportionate to their elongation.

To avoid this inconvenience, M. Bœckel proposed, in accordance with these views, in the case of the patient, whose case was the subject of the clinic, to fix the limb flexed at a right angle, thus relaxing the torn ligaments. After cicatrization, these ligaments would be shortened rather than elongated. Without doubt, extension of the limb would be, for a time, incomplete; but it would be easy to perfect it by forced movements, and then the shortened ligaments, by their traction, would bring the leg into its normal axis. This idea was carried out. The apparatus was finally removed the fifty-second day, when the joint was found to have recovered its firmness and its normal direction, while extension was somewhat limited. The limb was left free on a cushion, and was subjected daily to forced extension, gradually increased. Seven days afterwards, the patient began to walk. The injured leg entirely recovered its power of motion, and was perfectly symmetrical with the other.

For the sake of comparison with the foregoing case the clinical lecturer reports one of *fracture of the external condyle of the tibia, and rupture of the upper third of the peroneus, accompanied by slight displacement of the tibia outwards and forwards; attended, also, with production of a valgus knee.* In external appearance, this limb presented the same symptoms as the first case—there had been a blow of considerable violence on the outside of the knee; there was sanguineous effusion intra and extra articular; bending of the limb outwards; lateral mo-

bility. Yet a close examination disclosed very different lesions. After the swelling had subsided the condition of the knee was thoroughly investigated. Pressure along the internal lateral ligament caused no pain, and the ligament seemed to be intact. On the other hand, pressure on the external condyle of the tibia was very painful and produced crepitation. On seizing this portion of the bone between the finger and thumb, decided antero-posterior movement could be communicated to it. There was a line of fracture almost longitudinal which separated the external condyle of the tibia from the rest of the bone. The peroneus was also ruptured in its upper third. The internal condyle of the tibia remained in continuity with the diaphysis, but had swung into the inter-condylian notch of the femur, whence the inclination of the leg. Further, the whole bone had undergone slight rotation, obvious to the sight and to the touch. These lesions being ascertained, it was judged best to keep the limb extended. This was done, and twenty days afterwards it appeared to be perfectly straight.

Among the conclusions drawn are the following: a blow upon the knee striking from before backwards, bears upon the lateral and crucial ligaments at the same time, and may produce luxation. Whenever injury has produced a valgus knee with outward deviation of the leg, the causes of this condition should be carefully investigated, and if there be a sprain with rupture of ligaments, the limb should be kept semi-flexed.

Preparations of Iron.—Dr. Jeannel, of Bordeaux, writing to the *Gazette*, lays down thirteen propositions relative to the action of different preparations of iron introduced into the economy. We select a few of them.

III. The preparations of iron which are insoluble in water, but soluble in the acids of the gastric juice, should be administered with the food, because the latter induces the secretion of the gastric juice. Quoted from Mialhe.

VIII. As, on the one hand, the acid of the gastric juice is very weak, and as, on the other hand, the solubility of the oxides in fatty substances is very limited, it is useless to administer ferruginous preparations in large quantities at once, since all of them that has not been dissolved by the gastric juice in the stomach, or by fatty matters in the small intestine, must necessarily pass through the digestive tube and fatigue it like a foreign body. The black color which ferruginous preparations, converted into sulphate of iron, always impart to the fæces, proves that a great part of the doses given is not absorbed.

IX. The salts of the metal rendered stable by citrate of ammonia; and also the bi-tartrate of iron and potash *(tartrate ferrico-potassique)*, are absorbed by the stomach and the intestines: which fact explains why it is not indispensable to administer them with the food; and why they may be usefully given in larger doses than other preparations of iron.

XI. The salts of iron which contain organic acids, while at the same time they resist the decomposing action of alkalies, are not eliminated with the urine. They are assimilated and contribute to the reconstruction of the blood globules. This is the case with the lactate; citrate, rendered stable by citrate of ammonia; bi-tartrate of iron and potash. (Mialhe.)

XII. It is impossible to explain the chemical transformation undergone in the blood by the pyro-phosphate of iron and soda, and by the citro-ammoniacal pyro-phosphate of iron, the reconstructive action of which is however incontestable.

XIII. In the experiments of the laboratory, all the preparations of iron prevent the digestion of fibrine by gastric juice, the lactate alone excepted. We should be led to infer from this, that all ferruginous preparations were injurious to digestion, with the one exception: but we should not attach much importance to this inference which clinical experience formally contradicts every day. (Boudet).

Ascites relieved by Copaiva.—The London *Lancet* relates a case of ascites which got well under the use of copaiva. The urine —not albuminous—was increased in quantity from four to six times when the remedy was begun with.

Feeding by the Nostrils.—The introduction of nourishment into the stomach by way of

the nostrils has been practised latterly with good results, in patients who could not, or would not swallow.

Coralline.—At the *Académie Impériale de Médecine* the toxic property of coralline has been called in question.

Sudden Canities.—*L'Avenir National* cites the case. *Le Chirurgien-major* Farry was an eye witness of it. A *cipaye* of the army of Bengal was taken prisoner, and brought before the authorities to be interrogated, February 19, 1859. He was stupefied with terror. "Under our very eyes," says Dr. Farry, "and in the space of half an hour, the hair of the prisoner, which had been of a glossy black, became uniformly gray in all parts of the head."

Dr. F.'s attention was called to the phenomenon by the sergeant who had captured the man exclaiming, "He is turning gray." Several persons besides the surgeon watched the completion of the change, which was gradual, but accomplished in the space of time mentioned—half an hour.

Case of Ovariotomy in a girl twelve and a half years old—Recovery.

The *Union Médicale* of June 5th, in its report of a meeting of the Imperial Society of Surgery, gives the case. The child, who had never menstruated, was reduced to the last degree of debility and emaciation by an enormous abdominal tumor. The cyst, opened by cauterization after the manner of Recamier, gave issue to a large quantity of highly albuminous serum. Ovariotomy was performed March 15th, 1869. The tumor weighed twenty pounds, fluids, solids, and all. It was composed of three large cysts, with firm protuberances consisting of very vascular connective tissue. Frequent vomiting for thirty-six hours. Finally, complete recovery by second intention in forty-six days.

COMMENTS ON A CASE REPORTED IN THIS NUMBER.—We are indebted to our assistant Dr. H. H. A. Beach for the following comments on the case entitled, "Uterine Displacement," which is reported among the original communications of this number.

While the facts of the case of "Uterine Displacement" are presented in such a manner as to direct special attention to the uterus, and the benefit resulting from the treatment of a diseased condition of that organ, we judge it to be a matter of no less importance that the points which the author designates as of "peculiar interest," together with other symptoms detailed in the report, are indicative of Graves's disease (Exophthalmic Goitre).

1. Debility.
2. Emaciation.
3. Inability to sleep (on account of palpitation of the heart).
4. Prominence of the eye-balls.
5. Enlargement of the thyroid gland (not to the size of an ordinary goitre), and subsequent diminution of the tumor.
6. Inordinate action of the heart (preventing sleep).
7. Disordered menstruation.

The suspicions are to a certain extent corroborated by the fact of the uterine disease having existed for eleven years before the appearance of the symptoms which induced the patient to seek for treatment; that these symptoms may disappear completely, with no more treatment than a change of air, though this happens rarely,* and that the only treatment employed was the use of the pessary. The theory of the uterine lesion standing in the relation of a cause to the main symptoms (bronchocele, prominence of the eye-balls and inordinate action of heart), does not seem tenable, if we consider that there was an enlargement and a prolapse of the uterus at the time the treatment was commenced; that when the report was made the prominent symptoms had subsided, but "some uterine enlargement" remained, and the prolapse was controlled by the pessary. Trousseau states, "Practitioners who did not know this complaint, thought that the peculiar mental condition of the patient and her palpitation, were merely curious nervous symptoms due to anæmia or chlorosis, or to painful or irregular menstruation."† For an interesting case of the disease, with a description of the autopsy and a microscopical examination of the cervical sympathetic ganglia, reported by Dr. F. I. Knight, see Vol. i., No. 11, of this Journal. In No. 13 of the same volume is a transcription from the *Med.-Chir. Review*, of a review of Virchow's "Lectures on Tumors," referring to the complaint, and another from *L'Union Médicale* of a case reported by Drs. Fournier and Ollivier.

* Lectures on Clinical Medicine. A. Trousseau. Translation of New Sydenham Society, 1868, pp. 566-7.
† Ibid., p. 551.

Medical Miscellany.

ADDENDUM—WIRE SPECULUM AND RETRACTOR.—The wire used in the manufacture of this instrument is numbered 10 and 13 of Stubbs's (English) wire guage. F. H. B.

THE Report for the month of June from the Registrar's office of the City of Providence, says, The returns of deaths in the month of June indicate an unusually healthy condition of the city, and yet they present some very peculiar features, and some features of marked interest.

1. The percentage of mortality from consumption was unusually large; more than one fourth of the whole.

2. The number of deaths from accidents, paralysis, and diseases of the heart, was much larger than usual.

3. The proportion of males, among the decedents, was remarkably large.

4. The percentage of decedents under five years of age was remarkably small, only 11 per cent. of those of American parentage, and 21 per cent. of those of foreign parentage, and less than 17 per cent. of the total mortality. In most of our cities, at this season of the year, more than half of all the decedents are under five years of age; but in Providence, in the month of June, more than one half (nearly 52 per cent.) of the whole number of decedents were over forty years of age. There were 13 decedents over 70 years of age, and only 14 under 5 years.

Before the end of the present month, the heat of summer will probably produce a marked change, and increase the mortality of the city.

NEW SYDENHAM SOCIETY'S PUBLICATIONS.—Lindsay & Blakiston, Philadelphia, having made arrangements with the Hon. Local Secretary, Richard J. Dunglison, M.D., by and with the approval of the Society's agent in London, to act as agents in the United States for the publications of the New Sydenham Society, announce that they are now prepared to receive subscriptions for the year 1869, at ten dollars, payable in currency and invariably in advance, and to furnish any of the previous years at the same rate and on the same terms.

The practical character and permanent value of these publications, and the very low price at which they are furnished, commend them to the favorable attention of the Medical Profession in the United States.

THE BLOOD AFTER ELECTRIC DISCHARGE.—A correspondent of the *London Medical Times and Gazette*, writes thus:—In Dr. Richardson's interesting researches at the Polytechnic, he points out in his first lecture what appears to have been an error in the statement made by John Hunter—viz., that the blood does not coagulate after death by electrical shock. In his second lecture, when noticing the phenomena of arborescent marks, he relates the experiment of directing the charge of the Leyden battery through the ear of a white rabbit, and says, "The blood in these cases undergoes arrest of its motion, expansion, and possibly decomposition, by which some of the coloring matter is liberated."

Now, I would suggest that this experiment may serve to explain Hunter's observation. As the blood in the rabbit's ear undergoes a sort of sudden decomposition from the sharp tense discharge of the Leyden jar, so, in the cases adduced by the great physiologist, the lightning stroke may have been of peculiar character (and it should be borne in mind that the amount of discharge or destructive force of natural or atmospheric electricity must sometimes far exceed anything that can be produced artificially) so as to arrest the motion, and cause instantaneous decomposition and non-coagulability of the entire mass of the circulatory fluid.

THE interesting lectures of Brown-Séquard, which were to have lasted until his regular course commenced next winter, have been brought to a speedy and untimely close because the Faculty refuses to furnish the necessary material for experiments. The demand for animals was doubtless larger than our poor Faculty could pay for.—*Foreign Correspondent Medical Times and Gazette.*

SAWDUST pills would effectually cure many of the diseases with which mankind is afflicted, if every individual would make his own sawdust.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic, 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9–11, A.M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.
THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communications have been received:—Bromide of Potassium in Epilepsy.—Case of Embolism.

ERRATUM.—Page 420, last issue, for "amoinobri" read *amoindri*.

PAMPHLETS RECEIVED.—Monthly Report of the Superintendent of Agriculture for May and June, 1869, Washington.—The Proceedings of the Georgia Medical Association, held at Augusta, with the Constitution and By-Laws.—Transactions of the Twentieth Annual Meeting of the Georgia Medical Association, held at Augusta, April, 1869.

DEATHS IN BOSTON for the week ending July 10, 74. Males, 41—Females, 33.—Accident, 3—apoplexy, 2—asthma, 4—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 3—cancer, 3—cholera infantum, 6—consumption, 10—convulsions, 3—debility, 1—dropsy of the brain, 4—drowned, 1—dysentery, 2—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—disease of the heart, 2—hernia, 1—congestion of the lungs, 2—inflammation of the lungs, 3—marasmus, 2—old age, 1—premature birth, 2—puerperal disease, 1—tumor, 1—unknown, 4—whooping cough, 2.

Under 5 years of age, 33—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 55—Ireland, 13—other places, 6.